

CORRECTION AFFIDAVIT FOR
POLITICAL COMMITTEE

CITY CLERK DEPARTMENT

2003 JUL 23 PM 4 07

Total Pages Filed: _____

Name of Committee: **Jobe Political Action Committee**

Original Type of Report: July 15, 2003

Original Period Covered:

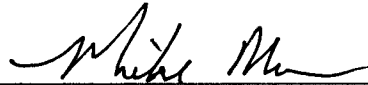
May 22, 2003 through June 30, 2003

Explanation of Correction:

The report filed by the Committee on July 9, 2003 stated that a contribution in the amount of \$4000.00 was made to Representative Robert Cushing. This statement was in error. The Committee did attempt to make a contribution in the amount of \$4000.00 to Representative Robert Cushing on or about the 17th day of July, 2003, however, the contribution was refused.

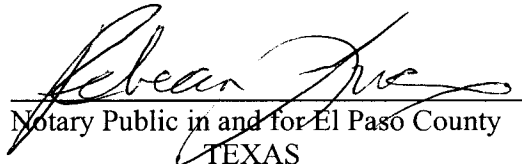
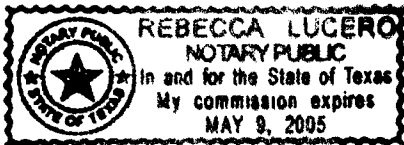
Affidavit:

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this correct report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.



Mike Mason, Assistant Treasurer

Sworn to and subscribed before me by Mike Mason this 23rd day of July, 2003, to certify which, witness my hand and seal of office.



Notary Public in and for El Paso County
TEXAS

Rebecca Lucero
Printed Name of Officer Administering Oath

**POLITICAL CONTRIBUTIONS RETURNED
TO COMMITTEE****SCHEDULE J**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule J:**2** FILER NAME**Jobe Political Action Committee****3** ACCOUNT # (Ethics Commission filers)**0051401****4** Date Returned**7/17/03****5** Original payee name**Mr. Robert Cushing****7** Amount Returned (\$)**\$4,000.00****6** Original payee address; City; State; Zip Code**2505 Richmond
El Paso, Texas 79930**

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

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Original payee address; City; State; Zip Code

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Original payee name

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Original payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED